Recipient Committee				COVER PAGE
Campaign Statement	Type or print in ink.	ink.	RECEIVED	CALIFORNIA 460
(Government Code Sections 84200-84216.5)	Statement covers period	Date of election if applicable:	SEP 28 2011	Page 1 of 17
	from 1/1/11	(Month, Day, Year)	BELMONT CITY CLER	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 9/24/11	11/8/11		
1. Type of Recipient Committee: All Committees - C	All Committees - Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
☑ Officeholder, Candidate Controlled Committee ○ State Candidate Election Committee	Primarily Formed Ballot Measure Committee	Preelection Statement Semi-annual Statement	] [] Qua	Quarterly Statement
	O Controlled O Sponsored	☐ Termination Statement (Also file a Form 410 Termination)		Special Odd-rear Report Supplemental Preelection Statement - Attach Form 495
☐ General Purpose Committee	(Also Complete Part 6)	☐ Amendment (Explain below)		
ttee mmittee	Primanily Formed Candidate/ Officeholder Committee (Also Complete Part 7)			
3. Committee Information	1.D. NUMBER 1341387	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  McGuiddes for Council 2011		NAME OF TREASURER Diana McGuinness		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE	ODE AREA CODE/PHONE
CITY STATE ZIP CODE	ODE AREA CODE/PHONE	Belmont  NAME OF ASSISTANT TREASUR	TREASURER IF ANY	02
Belmont CA 94002	တ			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	вох	MAILING ADDRESS		
CITY STATE ZIP CODE	ODE AREA CODE/PHONE	CITY	STATE ZIP CODE	ODE AREA CODE/PHONE
		CHANGE OF CASE OF CASE	166	
4. Verification  I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	g this statement and to the best of my knov ia that the foregoing is true and correct.	wledge the information contained her	ein and in the attached schedu	ules is true and complete. I <b>certify</b>
Executed on 9/28/11	By Diani	1 MC GUILLESS		
Date 9/28/11		Signature of Treasurer or Assistant Treasurer	reasurer	
Date	Signature or Cont	) Officeholder, Candidate, State N	easure Proponent or Responsible Officer of Sponsor	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent	te Measure Proponent	
Executed on	Ву	Signature of Controlling Officeholder Condidate City	to Manar on Developpy	

					Page	of   ::
5. Officeholder or Cand	Officeholder or Candidate Controlled Committee	ttee	6. Primarily Formed Ballot	Ballot Measure Committee	<b>ee</b>	
NAME OF OFFICEHOLDER OR CANDIDATE	OR CANDIDATE	:	NAME OF BALLOT MEASURE			ŀ
Michael McGuinness	-					
OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	lus 🗌	SUPPORT
Belmont City Council						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	DRESS (NO. AND STREET) CITY	Y STATE ZIP				
	Belmont	Belmont CA 94002	Identify the controlling officeholder, candidate, or state measure proponent, if any.	eholder, candidate, or	state measure prop	onent, if any.
			NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	IDATE, OR PROPONENT		
not included in this statem contributions or make exp	Related Committees Not included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	PERMENT: List any committees rare primarily formed to receive tidacy.	OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY	*
COMMITTEENAME		I.D. NUMBER				
			7 Primarily Formed Candi	Candidate/Officeholder Committee		
NAME OF TREASURER		CONTROLLED COMMITTEE?	officeholder(s) or candi	for which this committee	is primarily formed.	
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	S.	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY	STATE ZIP CODE	DE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME		I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT
NAME OF TREASURER		CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	Š				
CITY	STATE ZIP CODE	DE AREA CODE/PHONE	Attach	Attach continuation sheets if necessary	f necessary	

### Campaion Disclosure Statement

Type or print in ink.

SUMMARY PAGE

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)	FPPC Toll-Free Help		\$ 5000	Outstanding Debts Add Line 2 + Line 9 in Column B above	19.
		from Lines 2, 7, and 9 (if any).	\$ 0	Cash Equivalents and Outstanding Debts 18. Cash Equivalentssee instructions on reverse	18.
		for this calendar year, only carry over the amounts	\$0	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	17.
		subtracted from previous period amounts. If this is		If this is a termination statement, Line 16 must be zero.	1
		figures that should be	\$ 5000	ANCE Add Lines 12 + 13 +	<u>6</u>
	reported in Column B.	from Column B of your last report. Some amounts in	0	14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments	<del>5</del> 4
*Amounts in this section may be different from amounts	*Amounts in this section	amounts in Column A to the corresponding amounts	5000	13. Cash Receipts Column A, Line 3 above	<u>;</u> 3
		To calculate Column B, add	<b>49</b>	12. Beginning Cash Balance Previous Summary Page, Line 16	12 5
<b>69</b>				Current Cash Statement	5 l
49	//	. 0	0	11. TOTAL EXPENDITURES MADE	. <b>≐</b>
	(mm/dd/yy)	0	0	10. Nonmonetary AdjustmentSchedule C, Line 3	<u>,</u>
Total to Date	Date of Election	0	0	Accrued Expenses (Unpaid Bills)Schedule F, Line 3	9
(If Subject to Voluntary Expenditure Limit)	(If Subject	\$	\$	SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	œ
	3	0	0	Loans Made Schedule H, Line 3	7.
Limit Summary for State	Candidates	\$	9	6. Payments Made Schedule E, Line 4	ق
				andifures Made	ן ק
\$	Made \$_	\$ 5000	\$ 5000	TOTAL CONTRIBUTIONS RECEIVED	Ċī
	es	0	0	Nonmonetary Contributions Schedule C, Line 3	4.
en.	20. Contributions	\$ 5000	\$ 5000	SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2	ယ
1/1 through 6/30 7/1 to Date	1/1	5000	5000		Ŋ
	General Elections	0	•	Monetary Contributions Schedule A, Line 3	<del></del>
Calendar Year Summary for Candidates Running in Both the State Primary and	Calendar Year Su Running in Both t	Column B CALENDAR YEAR TOTAL TO DATE	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Contributions Received	ဂ္ဂ
1341387				Diana McGuinness	_
I.D. NUMBER				NAME OF FILER	NA
Page 3 of17	9/24/11	through		SEE INSTRUCTIONS ON REVERSE	SEE
FORM 400	1/1/11	from	S WILCOM COMMIS.		9
CALIFORNIA A CO	Statement covers period		Amounts may be rounded	Summary Page	្ច ខ្ម

## Schedule A Monetary Co

Type or print in ink.

SCHEDULE A

			\$ TOTAL \$	nn A, Line 1.)	(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)TOTAL §	(Add Line
SCC - Small Contributor Committee	SCC	<b>&gt;</b>		•	Total monetary contributions received this period.	3. Total mone
OTH - Other (e.g., business entity) PTY - Political Party	OTH.	0		of less than \$1	2. Amount received this period – unitemized monetary contributions of less than \$100	2. Amount re
*Contributor Codes IND – Individual COM – Recipient Committee	*Com	0	<del>(</del>		Schedule A Summary  1. Amount received this period – itemized monetary contributions.  (Include all Schedule A subtotals.)	Schedule 1. Amount re (Include a
		0	SUBTOTAL \$			
				ODDOTH SCC		
				SCC		
				ODD OTH SCC		
				SCC		
				OTH SCC		
DDATE PER ELECTION FEAR TO DATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER 1.D. NUMBER)	DATE RECEIVED
I.D. NUMBER 1341387					⊪E OF FILER Diana McGuinness	NAME OF FILER Diana Mc
Page4of17	9/24/11	through			SEE INSTRUCTIONS ON REVERSE	SEE INSTRUCTI
CALIFORNIA 460	overs period	Statement covers period 1/1/11	Amounts may be rounded to whole dollars.	Amounts to w	Monetary Contributions Received	Monetary

# Schedule A (Continuation Sheet) Monetary Contributions Received

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	HED
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l	A O

Schedule A (Continuation Sheet)  Monetary Contributions Received  to 1		NAME OF FILER	Diana McGuinness	DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIB  RECEIVED (F COMMITTEE, ALSO ENTER I.D. NUMBER) COL	□SS	□ INC □ PT □ SQ			]	
entributions Received			ness	LL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR						
Type or print in ink. Amounts may be rounded to whole dollars.				CONTRIBUTOR CODE *	□ SCC	□ IND □ COM □ PTY □ SCC	□□NID □□OTH □□SCC	□ SCC	□ IND □ COM □ PTY □ SCC	
nt in ink. be rounded ollars.				IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)						
Statement covers period 1/1/11	through 9/			AMOUNT RECEIVED THIS PERIOD						
	9/24/11 Pa	1.0	13	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)						
CALIFORNIA 460	Page 5 of 17	I.D. NUMBER	1341387	TE PER ELECTION TO DATE (IF REQUIRED)						

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party SCC - Small Contributor Committee

### Schedule R - Dart 1

Type or print in ink.

SCHEDULE B-PART 1

Loans Received	Amo	Amounts may be rounded to whole dollars.	ounded rs.		tement o	overs period	CALIFORNIA	^ <b>4</b> 60
SEE INSTRUCTIONS ON REVERSE				<u> </u>	9	9/24/11	6	2, 17
NAME OF FILER					•		I.D. NUMBER	
Diana McGuinness							1341387	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(e) AMOUNT PAID OR FORGIVEN THIS PERIOD *	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
Michael McGuinness	Software Sales			PAID				CALENDAR YEAR
Belmont CA 94002	Microsoft			FORGIVEN	\$ 5000	RATE %	\$ 5000	PER ELECTION***
TIND □ COM □ OTH □ PTY □ SCC		0	5000		9/6/12 DATE DUE	*	9/6/11 DATE INCURRED	\$ 5000
				PAID				CALENDAR YEAR
				FORGIVEN		RATE .	<b>55</b>	\$PER ELECTION ***
TO IND COM COTH PTY CSCC			49		DATE DUE	sn	DATE INCURRED	
				PAID				CALENDAR YEAR
				\$		RATE %		PER ELECTION ***
I IND COM COTH PTY SCC			40		DATE DUE	45	DATE INCURRED	**
	60	SUBTOTALS \$	5000 \$	0 \$	5000	\$ 0		
Schedule B Summary						(Enter (e) on Schedute E, Line 3)	:	
(Total Column (b) plus (pitches)	of look than \$400 \			<b>*</b>	5000	)		
( lotal Column (b) plus unitemized loans of less than \$100.)  Loans paid or forgiven this period	of less than \$100.)			<del>()</del>	0	SI &	†Contributor Codes IND – Individual	millee
(Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)	æid or forgiven.) are also itemized on Schedu	ıle A.)					(other than PTY or SCC) OTH Other (e.g., business entity) PTY Political Party	TY or SCC) usiness entity)
8. Net change this period. (Subtract Line 2 from Line 1.)	2 from Line 1.)			NET \$	5000 May be a negative number)	SQ:	SCC - Small Contributor Committee	tor Committee
Enter the net here and on the Summary Page, Column A, Line 2.	Page, Column A, Line 2.			(may	be a negauve number;			

### Sch

Schedule B - Part 2  Loan Guarantors  SEE INSTRUCTIONS ON REVERSE  NAME OF FILER  Plana McChineges	Statement c		SCHEDULE B-PART 2 CALIFORNIA 460 FORM 7 of 17  Page 7 of 17  I.D. NUMBER 1241287
NAME OF FILER  Diana McGuinness		1.D. NUMBE 1341387	UMBER 387

		TOTH —	COM				HIOLI				□ PIY	Подн —	Сом				Подн	Сом		FULL NAME, STREET ADDRESS AND ZIP CODE OF GLUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NJMBER)  (IF COMMITTEE, ALSO ENTER I.D. NJMBER)  (IF COMMITTEE, ALSO ENTER I.D. NJMBER)  (IF COMMITTEE, ALSO ENTER I.D. NJMBER)	
	r F	DATE		LENDER		DATE		LENDER			!	DATE		LENDER			DATE		LENDER	LOAN	
										-					2					AMOUNT GUARANTEED THIS PERIOD	
Enteron	\$ (T גדעטוגדעט)	PER ELECTION	<b>9</b>	CALENDAR YEAR	€0 		PER ELECTION	47	CALENDAR YEAR			PER ELECTION	-	CALENDAR YEAR	•	1	PER ELECTION	50	CALENDAR YEAR	CUMULATIVE TO DATE	-
			-																	BALANCE OUTSTANDING TO DATE	

# Schedule C Nonmonetar

Type or print in ink.

SCHEDULE C

PTY – Political Party SCC – Small Contributor Committee	SCC	0	TOTAL	A Lines A and 10	Dage Column	Total nonmonetary contributions received this period.  (Add I ines 1 and 2. Enter here and on the Summary Page Column A. I ines 4 and 10.)	3. Total nonn
(other than PTY or SCC) OTH - Other (e.g., business entity)	  	0	<del>69</del>	ns of less than \$100	ary contribution	Amount received this period – unitemized nonmonetary contributions of less than \$100	2. Amount re
*Contributor Codes IND – Individual COM – Recipient Committee	ND-*Con	0	<del>6</del>		y contributions	Schedule C Summary  1. Amount received this period – itemized nonmonetary contributions.  (Include all Schedule C subtotals.)	Schedule 1. Amount re (Include al
		0	SUBTOTAL \$	on sheets.	led continuati	Attach additional information on appropriately labeled continuation sheets	Attach addi
			147		OTH SCC		
					SCC		
					DOTH SCC		
	_				OPTY SCC		
CUMULATIVE TO PER ELECTION DATE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) (JAN 1 - DEC 31)	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	AMOUNT/ FAIR MARKET VALUE	DESCRIPTION OF GOODS OR SERVICES	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DATE
1341387	į				ļ	Guinness	Diana McGuinness
Page 8 of 17		through 9/24/17	thr			SEE INSTRUCTIONS ON REVERSE NAME OF FILER	SEE INSTRUCTION
A AINA	period	latement c	from	Amounts may be rounded to whole dollars.		Nonmonetary Contributions Received	Nonmon

# Schedule D

000444	1/1/11	ement covers period
0	FORM	CALIFORNIA
	4	

		0	SUBTOTAL			
				Expenditure	Support Oppose	
				Nonmonetary Contribution Independent		
				☐ Monetary Contribution		
				Expenditure	Support Dppose	
				Nonmonetary Contribution Independent		
				Monetary Contribution		
				Expenditure	Support Dppose	
				□ Nonmonetary Contribution independent		
				☐ Monetary Contribution		
TE PER ELECTION TO DATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT THIS PERIOD	DESCRIPTION (IF REQUIRED)	TYPE OF PAYMENT	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	DATE NAI MEA
1.D. NUMBER 1341387	1.D. I					NAME OF FILER  Diana McGuinness
e 9 of 17		through 9/24/11			ERSE	SEE INSTRUCTIONS ON REVERSE
CALIFORNIA 460	100	Statement covers period from 1/1/11	in ink. 9 rounded Hars.	Type or print in ink. Amounts may be rounded to whole dollars.	Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees	Summary of Expenditures Supporting/Opposing Other Candidates, Measures and C

### Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ......\$

2. Unitemized contributions and independent expenditures made this period of under \$100 ......\$

- 0

0

0

#### Supporting/Opposing Other Candidates, Measures and Committees (Continuation Sheet) Summary of Expenditures Schedule D

NAME OF FILER

Diana McGuinness

Type or print in ink.
Amounts may be rounde to whole dollars.

		through	from	sd Stateme	1
		9/24/11	1/1/11	Statement covers period	
1341387	I.D. NUMBER	Page	FORM 400	CALIFORNIA A CO	SCHEDULE D (CONT.)

													DATE
	☐ Support			☐ Support			Support			☐ Support			NAME OF CANDIDATE, MEASURE NUMBER OR I
	Oppose			Oppose			☐ Oppose			☐ Oppose			NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE
	٠ ١	Contribution	Monetary Contribution		☐ Nonmonetary Contribution ☐ Independent	☐ Monetary Contribution		Contribution Independent	☐ Monetary Contribution		Contribution	Monetary Contribution	TYPE OF PAYMENT
\$ SUBTOTAL													DESCRIPTION (IF REQUIRED)
0													AMOUNT THIS PERIOD
													CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
													PER ELECTION TO DATE (IF REQUIRED)

	through 9/24/11	Statement covers period from 1/1/11
I.D. NUMBER	Page	CALIFORNIA 460

0	ine 6.) TOTAL \$	i, Column (e).)e Summary Page, Column A, L	4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)
0	<b>?</b>		3 Total interact paid this period on loops (Enter amount from School III D. Dod 4
0	<b>G</b>		Unitermized payments made this period of under \$100
0	₩		1. Itemized payments made this period. (Include all Schedule E subtotals.)
		7-0	Schedule E Summary
0	SUBTOTAL\$	arized on Schedule D.	* Payments that are contributions or independent expenditures must also be summarized
AMOUNT PAID	ESCRIPTION OF PAYMENT	CODE OR DESC	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
ts me candidate/sponsor e-mail)	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL tv. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)	ayment, you may enter the code. Otherw member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment CMP campaign paraphemalia/misc.  CNS campaign consultants  CNS campaign consultants  CNC civic donations  FLI candidate filing/ballot fees Independent expenditure supporting/opposing others (explain)*  POS legal defense  LIT campaign literature and mailings  MBR member communications  MBR member communications  MRR member communications  MRPD returned contributions  SAL campaign workers' salar tv. or cable aritime and phone banks  POS phone banks  POS postage, delivery and messenger services  NOT voter registration  MRR member communications  RPD returned contributions  PRI phone banks  PRI postage, delivery and messenger services  NOT voter registration  NEB information technology or capture and product communications  RPD returned contributions  PRI phone banks  PRI postage, delivery and messenger services  NOT voter registration  NEB member communications  RPD returned contributions  RPD returned contributions  PRI phone banks  PRI postage, delivery and messenger services  NOT voter registration  NEB information technology or capture and product capture and
87	1341387		Diana McGuinness
11 of 17	through 9/24/11 Page		SEE INSTRUCTIONS ON REVERSE
CALIFORNIA 460	Statement covers period CAUF from1/1/11 FO	t in ink. De rounded Ollars.	Schedule E Type or print in ink. Amounts may be rounded to whole dollars.

### Schedule E (Continuatio Payments Ma

Type or print in ink.

SCHEDULE E (CONT.)

		NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  CODE OR	CODES: If one of the following codes accurately describes the payment, you may enter the code. Other campaign paraphernalia/misc.  CNS campaign consultants  CNS campaign paraphernalia/misc.  MBR member communications  OFC office expenses  PET petition circulating  PHO phone banks  POL polling and survey research  Independent expenditure supporting/opposing others (explain)*  PRO postage, delivery and messenger services  PRO professional services (legal, accounting)  PRT print ads	Diana McGuinness	SEE INSTRUCTIONS ON REVERSE	(Continuation Sheet)  Amounts may be rounded to whole dollars.
		DESCRIPTION OF PAYMENT	nerwise, RAD RFD SAL TRC TRC TRS TRS TRS TRS		through 9/24/11	from
		AMOUNT PAID	describe the payment.  radio airlime and production costs  returned contributions  campaign workers' salaries  t.v. or cable airlime and production costs  candidate travel, lodging, and meals  staff/spouse travel, lodging, and meals  transfer between committees of the same candidate/sponsor  voter registration  information technology costs (internet, e-mail)	1.D. NUMBER 1341387	Page 12 of 17	CALIFORNIA 460

SUBTOTAL \$

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

### Schedule F Accrued Expenses (Unpaid Bills)

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Type or print in ink.
Amounts may be rounded to whole dollars.

	through	Stateme
	9/24/11	Statement covers period 1/1/11
I.D. NUMBER	Page 13	CALIFORNIA FORM
	of17	460

May be a negative number		NET \$		er the difference here and	Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)
0	PAID TOTALS \$_		als for payments or enses under \$100.)	edule F, Column (c) subtot payments on accrued expe	<ol> <li>Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.).</li> </ol>
0		INCUF	ototals for	chedule F, Column (b) sui	Schedule F Summary  1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)
\$ 0	0 \$	0 \$	0 \$	SUBTOTALS \$	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(b) AMOUNT INCURRED THIS PERIOD	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	CODE OR DESCRIPTION OF PAYMENT	NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)
ls me candidate/sponsor ∍-mail)	cadio airlime and production costs returned contributions campaign workers' salaries t.v. or cable airlime and production costs campaign workers' salaries t.v. or cable airlime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)	therwise, describe the payment RAD radio airlime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and pro TRC candidate travel, lodging, ar TRS staff/spouse travel, lodging, transfer between committee VOT voter registration WEB information technology cost	payment, you may enter the code. Otherwise, describe the payment member communications meetings and appearances office expenses petition circulating phone banks postage, delivery and messenger services professional services (legal, accounting) print ads  RAD radio airlime and production creturned contributions  RAD radio airlime and production creturned contributions  SAL campaign workers' salaries campoidate travel, lodging, and survey research transfer between committees voter registration voter registration voter services information technology costs of the payment.	` ·	CODES: If one of the following codes accurately describes the CMP campaign paraphemalia/misc.  CNS campaign consultants  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate fling/ballot fees  FND fundraising events  ND independent expenditure supporting/opposing others (explain)*  POS  LEG legal defense  LIT campaign literature and mailings  PRO  PRI  PRO  PRO
387	1341387				Diana McGuinness

# Schedule F (Continuatio Accrued Exp

Type or print in ink.

SCHEDULE F (CONT.)

(Continuation Sheet) Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	<u>a</u>	\$tatement covers period		FORM 460
NAME OF FILER				I.D. N	I.D. NUMBER
Diana McGuinness				1341387	1387
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment	s the payment, you may	enter the code. Ot	herwise, describe th	ne payment.	
(, ~ 0, 0	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating	ces		radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs	osts
FIL candidate filing/ballot fees  FND fundraising events  FND independent expenditure supporting/opposing others (explain)*  FRO postage, delivery and me PRO professional services (legal defense  LEG legal defense  FRO professional services (legal defense)  FRO professional services (legal defense)  FRO professional services (legal defense)  FRO professional services (legal defense)	PHO phone banks  POL polling and survey research  POS postage, delivery and messenger services  PRO professional services (legal, accounting)  PRT print ads  po be summarized on Schedule D.	arch nessenger services egal, accounting) D.	W ¬	candidate travel, lodging, and meals staffspouse travel, lodging, and meals transfer between committees of the same carvoter registration information technology costs (internet, e-mail)	candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

SUBTOTALS \$

0 \$

0 49

0 \$

#### Payments Made by an Agent or Independent Schedule G Contractor (on Behalf of This Committee)

Amounts may be rounded Type or print in ink. to whole dollars.

1/1/11

SCHEDULE G

from. through Statement covers period 9/24/11 Page\_ CALIFORNIA 1341387 I.D. NUMBER FORM 15

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17

NAME OF FILER

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Diana McGuinness

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

campaign paraphemalia/misc. civic donations contribution (explain nonmonetary)\* campaign consultants MG office expenses member communications meetings and appearances SAL ₽₽ 戸 campaign workers' salaries t.v. or cable airtime and production costs returned contributions radio airtime and production costs

ndependent expenditure supporting/opposing others (explain)\* 필원 줟 petition circulating phone banks

candidate filing/ballot fees

fundraising events

campaign literature and mailings

egal defense

professional services (legal, accounting) postage, delivery and messenger services print ads poiling and survey research ᅙᇽᇏᇙ information technology costs (internet, e-mail) voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals candidate travel, lodging, and meals

Payments that are contributions or independent expenditures must also be summarized on Schedule D. "

Attach additional information on appropriately labeled continuation sheets.			NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
		·	CODE
			OR.
TOTAL* \$			DESCRIPTION OF PAYMENT
0			AMOUNT PAID

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H Loans Made to Others*		Type or Amounts m to who	Type or print in ink. Amounts may be rounded to whole dollars.	<b></b>	Statement covers period 1/1/11	covers period 1/1/11	CALIFORNIA	<sup>^</sup> 460
SEE INSTRUCTIONS ON REVERSE					9h 	9/24/11	Page 16	of
NAME OF FILER							I.D. NUMBER	
Diana McGuinness							1341387	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				FORGIVEN		RATE %	<b>*</b>	PER ELECTION**
		40	<b>105</b>	4	DATE DUE		DATE INCURRED	49
				☐ PAID				CALENDAR YEAR
				FORGIVEN	49	RATE		PER ELECTION**
			to	w	DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.	ste or committee forgiven must	SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0		
						(Enter (e) on Schedule 1, Line 3)		
Schedule H Summary								
1. Loans made this period(Total Column (b) plus unitemized loans of less than \$100.)	of less than \$100.)					0	' 	**If Required
Payments received on loans  (Total Column (c) plus unitemized payments of less than \$100.)	ents of less than \$100.)				<b>\$</b>	0	'	
(10th Octains (c) pide difficilitate paging								

SCHEDULEH

#### Schedul Miscella

Schedule I Miscellane	Schedule I Miscellaneous Increases to Cash	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period 1/1/11	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	SON REVERSE		through 9/24/11	Page 17 of 17
NAME OF FILER				I.D. NUMBER
Diana McGuinness	nness			1341387
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD, NUMBER)	DES	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Schedule | Summary

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the

Summary Page, Line 14.) ......

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

TOTAL \$